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ABSTRACT

Addressed to policymakers and to all the citizens of Illinois, this report of the Plan of Action for Children Task Force offers 81 recommendations for addressing the serious problems faced by children residing in the state. Taken together, the recommendations lead to six conclusions: (1) focus on prevention; (2) commit resources to strengthen communities; (3) employ comprehensive approaches; (4) encourage institutional creativity; (5) improve state government's impact; and (6) broaden instruction via schools, churches, and the media on vital issues such as family life, sex education, health and nutrition, and the hazards of drug and alcohol use. Specifically, the report focuses on the creation of a statewide advocacy organization, family support programs, day care, formal education, employment, community service, health care, poverty, child abuse and child neglect, homeless youth, mental illness, substance abuse, school dropouts, unemployment, teenage pregnancy, and juvenile justice. Included are names, affiliations, and addresses of persons interviewed by the Task Force. (RH)

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The Plan of Action for Children

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The Plan of Action for Children

January, 1987

Prepared for
The Colman Fund
for the Well-Being of Children and Youth
(A Supporting Organization of the
Chicago Community Trust)

"Investments in the Future"

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Foreword

Our stature as a strong and ethical nation rests on our willingness and capacity to care for our young. This obligation is neither exclusively public nor private. Our society has too much at stake in the well-being of its children to accept anything less than a suitable partnership between families and government, strengthened by a range of institutions from churches to community organizations.

With this understanding, the Plan of Action for Children Task Force was convened in April, 1986 by the Colman Fund for the Well-Being of Children and Youth (a supporting organization of The Chicago Community Trust) to respond to the sobering findings of a study entitled The State of the Child: 1985. This report, produced by the Chapin Hall Center for Children at the University of Chicago, documents the condition of Illinois' children according to a range of social indicators including family composition, economic status, health and involvement in school and the labor force. The Task Force Report which follows offers recommendations to deal with the serious problems outlined in The State of the Child.

The Task Force, comprised of 30 business, civic and community leaders, has met regularly over a period of seven months. Our four committees have received testimony from almost 60 experts drawn from government, research institutions, service organizations and advocacy groups. In addition, the Task Force's staff interviewed more than 200 men and women whose counsel has been invaluable. While the Task Force has relied extensively on this expert advice, the recommendations contained in this report are our own.

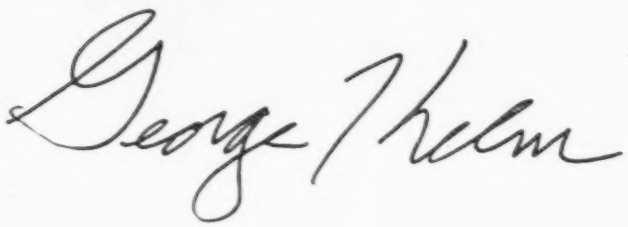
The Task Force recognizes that some of our proposals may contradict conventional wisdom. We also note that our society has been changing at rather breathtaking speed, leaving children more vulnerable. Parents, by and large, are less available. Schools strain to instruct students who are ill prepared to learn. Overall, poverty among children is greater than 20 years ago. We have concluded, therefore, that common sense must be expanded to embrace problems plaguing children which are in many ways different from those of past decades.

If we do not care for our children, the cost of our failure will be prohibitive in both human and financial terms. They will grow to adulthood too impaired to function as productive, independent men and women. Without a doubt, it is expensive to educate our children, to ensure that they remain in good health and are properly sheltered. But this constitutes an investment which will yield substantial social and economic returns in the future. The failure to make adequate, timely investments now will result in the need to spend more dollars to sustain adults who are ill-equipped to care for themselves, let alone their offspring. We will spend more money to maintain socially dysfunctional adults who are the product of our current neglect.

Our self interest is at issue here. Not very many years into the next century, it is

estimated that there will be only one American adult of working age to sustain an equal number of children and retirees. If these adults falter, if they are incapable of assuming responsibility for the legitimate dependents of the 21st century, then as a nation we will be in serious straits. Many of the individuals on whom we will come to rely are alive now or soon will be. If we do not ensure that these children are capable of leading productive lives, we will compromise our hopes of enjoying retirement in comfort and security. We will forfeit the dream of America as a nation of enduring values and strength.

This report calls for a broad range of actions touching upon many vital aspects of the lives of children and their families. Our purpose is to reverse the deteriorating condition of children stemming from complex and deep rooted causes. It is both our hope and expectation that policymakers in the public and private sectors will act on these recommendations. This report is also addressed to all the citizens of Illinois. Unless the public is alerted to these ominous problems, and resolves to remedy them, Illinois' children will continue to suffer. We cannot allow this to happen; we cannot ignore those who embody our collective future.



George Kelm
Chairman

Key Findings

Our close reading of The State of the Child, reinforced by conversations with numerous experts, has led the Task Force to conclude that several developments in the lives of children and their families demand particular attention. First, as the authors of The State of the Child note, Illinois confronts a "demographic paradox." The decades of the 1970's and 1980's produced fewer children than the comparatively fertile post-war baby boom years. A straightforward economic calculation would have led us to expect that fewer children would translate into improved societal provision. Yet, much to our dismay, we learned from The State of the Child, that "the collective condition of children and youth in our society has worsened. A large proportion of children live in poverty; their fathers are more likely to be absent; their welfare support is more meager; their family care is less secure; and their participation in the labor force is more problematic."

The plight in which children are placed must be examined in the context of the institution most responsible for their welfare - the family. Today, the percentage of nuclear families with children, where the father is the sole "breadwinner" and mother tends the home is less than 15% of American households. In Illinois, more than 60% of women with children under 18 are in the labor force, while nearly half of all women with infants work outside the home. Moreover, the stability of families is declining. The number of single parent families has quadrupled since 1960, due largely to separation or divorce. Fully 19% of Illinois children were living with their mother only in 1980, compared with 7% in 1960. These figures suggest that families may be in need of very different support systems from those in years past.

The family is not alone in bearing responsibility for the care and guidance of children. It is an obligation shared with schools, churches, and, when things go awry, the Juvenile Court. Yet, major institutions have difficulty in maintaining an effective hold on many of our young people as indicated by the appalling rates of school dropouts, the unacceptable level of drug and alcohol use, the proliferation of gangs and the alarming numbers of teenage suicides.

Finally, though many of the most serious problems examined by the Task Force affect a broad range of children, it is not possible to review the statistics on poverty and family composition in Illinois without noticing the wide variance in the well being of Illinois' white and minority populations.

Approximately one-third of all white children and three-quarters of all black children in the State will spend some portion of their childhood in a single parent family. Further, about 10% of white babies and fully two-thirds of all black babies are born to women who are unmarried. Raising children in single parent households poses numerous problems, not the least of which is that these families are likely to be poor. Currently 47% of white children and a staggering 72% of black children living in single

parent homes (primarily female headed) are supported by incomes which fall below the poverty threshold. While poverty affects the white population in substantial numbers, the correlation between poverty and minority status is compelling and threatens to have an even more significant impact on this State. As minorities constitute a significant and growing proportion of the child population, more of Illinois' children will be in distress unless the incidence of poverty is relieved.

A Framework for Action

In seeking effective remedies for the problems of Illinois' children, the Task Force considered hundreds of strategies suggested by knowledgeable resources. We have adopted or modified many of these proposals in the body of this report, and when possible have specified the costs. Admittedly, we were more often than not stymied in our efforts to determine reasonable estimates of both the costs and the savings which might result over time. Usually this information was either unavailable or unreliable.

On occasion we would be content with modest seed capital to test out ideas before full scale investment would be warranted. Clearly, much work remains to be done about pricing innovative ideas for children's services. But whatever the cost might be to remedy blighted lives, the greater cost lies in inaction.

We do know that in 1981, the State of Illinois committed more than $4.4 billion to finance children's services and family support programs at a time when children were faring poorly. We might surmise that either the State is not spending enough on its children, or it is allocating scarce public resources ineffectively. Both allegations bear credence. It is not likely that merely investing more public dollars in the same institutions and programs which have traditionally served our children will cause their problems to disappear. Rather, we must support children and their families differently. We need to be innovative, and we need to bolster promising and proven programs which have hitherto been ignored or meagerly supported. To be sure, we need more money from both the public and the private sectors to sustain children and their families; but to justify this expenditure, we must be more prudent in its use.

Not all of the proposals we have endorsed carry the same sense of immediacy or urgency. Some can be implemented within the span of a year, though most require a longer time frame. The breadth and variety of the Task Force's recommendations are a reflection of its charge - to respond to the full range of issues surfacing in The State of the Child report. Accordingly, we have produced a comprehensive plan of action for Illinois' children which should not be confused with a strategy. The task remains to sift through these proposals to define a strategy which will focus public attention on a more limited number of critical issues. We have outlined a process to accomplish this essential function in Section IV of this report.

Six Pivotal Conclusions

On the following pages, the Task Force advances 81 distinct recommendations which we believe will lead to improvements in the lives of Illinois' children.We call for action in many arenas. Taken together, however, these proposals lead to six pivotal conclusions:

First

Focus On Prevention: *Address children's and families' needs before there is a crisis.*

It is a failure of policy to ignore what we know about children's needs for adequate nutrition and shelter, a loving and secure home, appropriate health care, a suitable education, and structured recreational activities. When these fundamental needs go unmet, children are likely to be impaired. In failing to anticipate these problems or to act swiftly when problems first arise, society is an accomplice in the lost potential of its more vulnerable members. Society also confronts problems far more serious -- and more expensive -- when preventable conditions are allowed to worsen and to spread.

For these reasons our concern for children must extend not only to early childhood development, but to pregnant mothers as well. We must begin to care in the beginning.

Second

Commit Resources to Strengthen Communities: *Communities must have adequate resources to plan, implement and coordinate services vital to the well-being of children and their families.*

Children are the product not just of their families, but their communities as well. Indeed, families and communities are interdependent. While parents bear the primary responsibility for their children's development, schools, local day care providers, community agencies and institutions play important roles.

Just as families differ in character and composition, so do communities. For this reason, public policies that assess community needs from afar and impose generic, prepackaged services are likely to fall short. Instead, communities must be given the capacity to plan responses to local needs that reflect the values and culture of the place. Further, government must provide the resources to ensure that essential, well coordinated services are available to those in need.

Third

Employ Comprehensive Approaches: *Strategies to address children's needs must be comprehensive, not piecemeal.*

The problems children face are often multiple and interrelated. Children, for instance, cannot be expected to be good students if they attend poor schools, are undernourished, sick, badly housed, or unmotivated to learn. Strategies to address specific problems are not enough; they must be integrated thoughtfully into a comprehensive network of approaches involving the voluntary, private and public sectors.

Fourth

Encourage Institutional Creativity: *Established institutions must be more flexible and innovative in responding to community needs.*

The severity of the problems of many Illinois children demands that organizations assess

how they can develop nontraditional programs directly responsive to community needs. A new set of rules and relationships among community resources must be forged to meet a variety of needs of children and their families. Libraries, museums, and park districts for example, should consider how to provide integrated resources for school aged day care. Already, a growing, but still modest number of major institutions are reaching out: hospitals, operating clinics in underserved communities, schools keeping their doors open "after hours" to offer structured recreation for children and meeting space for adults, churches opening their facilities to day care and parent groups. These developments must be replicated on a broad scale, and soon. Likewise, the professionals who staff these institutions must extend their vision beyond the narrow domain of their own specializations. They must work collaboratively with paraprofessionals, volunteers, and others to create effective responses to children's needs.

Fifth

Improve State Government's Impact: *State government must clarify its obligations to children, identify resources for these purposes and ensure that various departments of the bureaucracy are coordinating both their responsibilities and their resources in the best interests of children.*

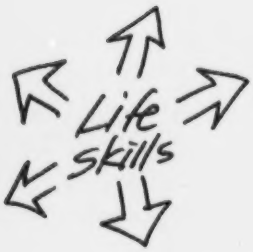
Illinois State government has a variety of responsibilities for children including education, health, employment training, foster care, and cash support, which are not always well defined. They are dispersed among various agencies of government, resulting at times in overlapping or contradictory mandates. In the field of mental health, for instance, no less than six Illinois Departments have assigned responsibilities. These arrangements practically ensure that programs for children are not well coordinated. Worse, it may very well be that no agency will accept responsibility for a needy child.

For this reason the Governor should establish a system for reviewing all relevant programs and budgets of the agencies of the State of Illinois to create a coherent State policy for children, one backed up by a reasonable budget. The Governor should act to ensure that the State implements a service system for children, responsive to the discrete needs of communities, which operates on the following principles: accessibility; comprehensiveness; continuity; accountability; and universality. Further, the Task Force recommends that every Illinois Department assigned responsibility for children should, if it has not already, create a budgetary line item for these services. In particular, the Department of Mental Health and Developmental Disabilities, which is currently unable to specify the resources it allocates for children and adolescents, should be required to initiate this budgetary device immediately.

Sixth

Broaden Instruction On Vital Issues: *Schools, churches and the media should better educate children and their parents on basic "life skills" topics such as family life, sex education, health and nutrition and the hazards of drug and alcohol use.*

Schools have the responsibility to develop good citizens in addition to teaching reading, writing, and computing skills. It is imperative that schools more effectively educate



children on immediate concerns that will ultimately affect their health, their educational development and their opportunities for a productive life. The Task Force recommends that the State Board of Education, together with local school boards, organizations of teachers, school administrators, parents and others, design and encourage the use of developmentally appropriate curricula for kindergarten through twelfth grade to instruct students in basic life skills. This would involve instruction in developing a capacity to avoid premature sexual encounters, family life and sex education, responsibilities of parenthood, health maintenance, and substance abuse prevention. To a limited extent the Illinois Board of Education has moved in this direction, but considerably more must be done to strengthen and promote the curriculum, perhaps by tapping the expertise of health professionals and social service agencies.

School programs are not enough, however. It is sobering to note that the Minnesota Council on Quality Education found that "by the age of 16 the average child has spent more time watching television than in school." Needless to say, if the media convey the message that sexual promiscuity is permissible, if smoking, drinking alcohol and taking drugs is romanticized, and if the violent resolution of conflict is consistently presented as heroic then surely many teenagers will act accordingly. These images must be countered by positive role models on television, in ads and in the movies. Public figures and entertainers should encourage teenagers to recognize and assume responsibility for themselves and others.

The Advocacy Organization described on Page 9 of the Plan of Action for Children has recently begun operations. Correspondence may be addressed to:

Jerome Stermer
Voices for Illinois Children
c/o Chicago Community Trust, Suite 850
208 S. LaSalle Street
Chicago, Illinois 60604

A Call To Action

Create New Statewide Advocacy Organization

The recommendations which are outlined in this report are intended to promote the well being of Illinois' children. This plan of action, however, requires a vehicle which can compel action.

Illinois is already graced with many organizations which advocate on behalf of children. Some are associations of civic minded individuals who are deeply concerned about a focused area of children's lives as in the instance of foster care, emotional illness or other handicapping conditions. Others are "umbrella" groups joining service organizations with common interests such as day care or juvenile justice. Many of these organizations are forceful defenders of children, which have succeeded admirably in serving the interests of children and their families and which therefore are deserving of continued philanthropic and public support. No doubt most, if not all of these advocacy organizations will find recommendations within this report which reinforce their agenda.

Nonetheless, Illinois lacks a statewide, comprehensive child advocacy organization governed by business, civic, and community leaders. The State urgently needs such an organization to harness the energies of its citizens to advance this Plan of Action For Children.

Voices for Illinois' Children

To remedy this situation, the Task Force has taken the initiative to create Voices for Illinois' Children (VIC), a not-for-profit organization. VIC will marshal resources for children on both a statewide and a community level. It will not, however, accept government financing, lest it become beholden to government, nor will it engage in the provision of direct services. Instead, VIC will concentrate solely on its role as a child advocate by providing the leadership to:

- Assess the needs of children within the State;
- Develop models for effective public and private intervention on behalf of children and their families;
- Monitor government actions that affect children;
- Mobilize citizen support for key children's initiatives;
- Network with other organizations seeking to promote the well-being of children and youth; and
- Advocate for policies which will best serve the interests of children and their families.

VIC's strength will be derived from its ability to build a constituency for children within Illinois' diverse citizenry, and from its capacity to join the public and private sectors in a dialogue concerning the responsibilities each bears for the well being of children. It will project a strong voice in Illinois' many communities, as well as in the halls and offices of State Government.

The Plan of Action for Children

Children have common needs, whatever their social, ethnic or economic background. These needs are best met within healthy families and communities. The recommendations which follow identify a range of conditions which makes that possible. They are numbered sequentially, and grouped in relevant clusters.

Family Support Programs

The State has been providing very limited financial aid to family resource programs designed to address special problems such as infant mortality, teenage pregnancy, school failure and certain handicapping conditions. Now the State must integrate these separate initiatives into a more comprehensive support system for families which would define basic program components and allow communities to decide how to provide these services.

1

Make Integrated Family Support Available Statewide

An integrated system of family support should be made available in communities throughout the state.

Families need help to rear children because traditional supports have all but disappeared, while the pressures have increased. Half of all American marriages end in divorce. By 1977, 43% of all new marriages were second marriages for one or both partners. It has been estimated that approximately 20% of the American population moves each year, often resulting in periods of isolation as families seek to establish new relationships. The increase in step families, exacerbated by greater mobility, have left parents and children with serious adjustment problems. All this, of course, can be further aggravated by the strains working families experience, whether single or two parent.

Innovative responses to these problems have begun to emerge. Day care and pre-school programs endeavor to bring parents together. Hospitals are experimenting with helping new parents anticipate the imminent joys and frustrations of parenthood. A number of programs have been created in recent years which offer a comprehensive range of essential services including: a) peer support networks for parents; b) education about the developmental phases of childhood and the ways in which parents can have more satisfying and nurturing relationships with their children; c) referral to specialized resources when parents confront more serious difficulties; and d) outreach to isolated families.

The key to effective family resource services in communities is prudent and sensible management of State resources coupled with local planning and coordination of services. The State should integrate and expand its initiatives aimed at preventing infant mortality, teenage pregnancy, handicapping conditions, and school failure into a basic initiative to provide family resource/support services. While planning for family support services should be initiated by the State in all communities, funding for these services should be derived from a variety of sources (including fees) with public dollars initially targeted to subsidize low income families at risk.

Day Care

The substantial number of single parent families and households in which both parents work has greatly increased the need for day care for their children. This need extends from the care of infants, toddlers and pre-school children, to school aged children and youth who may require supervision before school begins and at the end of the school day until parents return home from work.

Because day care is a critical need of a significant element of the labor force, the provision of this service should be viewed in the context of the State's economic development.

Day care should not be valued merely as a custodial function. Recent research demonstrating the significance of the infant and toddler years as a period in which important cognitive learning occurs argues for the need to provide quality day care for all children. Careful longitudinal studies show that well-run child care programs have positive long-term effects on child development, particularly for children of poor families. Research indicates that developmentally appropriate programs which encourage parental involvement can improve children's school performance, reduce placements in special education, limit the need to repeat grades and lower high school drop out rates.

Day care is provided in a variety of settings. It may be arranged in the child's home either from a relative, a friend or someone hired for that purpose or, a child may be taken to the home of a caretaker. In the Hispanic community reliance upon a neighbor or friend as a "comadre" (literally a co-mother) is a well established practice. Day care provided by women who take only a few children into their homes is the primary source for infants and frequently the sole source of care for rural families and for urban families where the parents work nights or weekends. Day care centers, both proprietary and not-for-profit typically serve children from two to five years old, but account for only 10% to 15% of all day care services.

A range of free or fee-for-service community resources such as those offered by park districts, libraries, museums and community centers provide additional structured activities for children that supplement other arrangements. Yet despite the occasional availability of such programs, it is estimated that as many as one-third of all children between the ages of 6 to 13 are regularly home alone after school for substantial periods. These "latch-key" youngsters must fend for themselves and are often responsible for younger siblings.

Any public policy which seeks to address day care comprehensively will have to explore means of increasing the quantity and quality of services without pricing them beyond the capacity of families to pay. At the same time policy must recognize that better qualified caretakers will expect to be fairly compensated. This is no easy matter, which suggests that the marketplace alone may not suffice to offer solutions.

2

Develop R&R Capacity

Additional resource and referral (R&R) capacity should be developed within the State which would help parents satisfy their day care needs more effectively while establishing an administrative mechanism to facilitate community planning for the enhanced provision of day care services.

Parents are frequently at a disadvantage in selecting from among potential day care providers, in part because they don't know enough about the quality and range of alternatives. A central, community R&R resource could not only maintain an updated list of day care services, but also help parents assess the qualifications of providers. The Illinois Department of Children and Family Services has been investing in the development of R&R programs and maintains an extensive file on day care providers. Likewise, corporations have begun to recognize the advantages of providing R&R services for their employees. These efforts must be better coordinated and vastly expanded.

3

Enhance Quality and Quantity of Day Care Homes

Efforts must be made to enhance both the quality and quantity of care available through day care homes by expanding the development of networks among day care home providers.

Although parents frequently prefer home settings for their children, providers of this day care service have few incentives to continue in the business. Isolation from other adults and lack of support systems often causes prospective providers to seek other employment and current providers to lose interest. The negative consequences for the quality of care are obvious.

The development of networks among home providers would help solve both problems. Because the availability of quality day care is critical to the State's economic development, public and private support must be made available to stimulate the creation of these networks.

4

Broaden Role of Religious Institutions

The role of religious institutions in directly supporting families should be strengthened and broadened.

While churches and other religious institutions frequently sponsor or provide space for day care centers, their financial, administrative or program support is usually limited. Child development experts should collaborate with church leaders to encourage the expansion of initiatives undertaken by religious institutions. Churches are strategically positioned to convene networks of home day care providers, as well as to bring parents together to form support groups and to informally exchange caretaking services.

5

Extend Licensing Standards

Licensing standards should be extended to cover currently exempt day care centers, including those operated by religious institutions and public and private schools.

Licensing standards cover health, safety, staff training and child/adult ratios. Although these standards are not stringent, as many as half of all center-based day care programs - those affiliated with school systems, religious institutions, the Montessori schools and other public and private organizations - are not required to meet them. Given the limited number of day care options available to parents, they are not in a position to insist upon adherence even to these minimum standards. Accordingly, the State should extend its regulatory authority to all center based (as contrasted with home based) programs.

6

Increase Public and Private Support of Day Care

Both public and private support of day care must be significantly increased to subsidize the cost of services required by the working poor as well as families of moderate income.

Adequate day care is not only hard to find, it is also difficult for many parents to afford. In a state where the average annual wage is just slightly less than $20,000, day care can consume a substantial portion of disposable income for families in which both parents work and a staggering portion of income for single parent families.

As the quality of day care improves, the cost will increase. Parents are already hard-pressed to pay for this service. Thus, the public and private sectors must devise mechanisms to subsidize day care for those in need. Private companies should consider offering flexible benefit programs which let employees select day care from among a range of benefits. Companies should consider establishing day care scholarship funds for their employees which would complement an existing but grossly underfunded State program for families of low and moderate incomes.

Education

Formal education is a means by which children gain access to their heritage and potential. It is also a means by which employers gain access to a disciplined and knowledgeable workforce. While the vast numbers of unskilled laborers who formed the backbone of this country during much of its history were not required to read or write, technology and foreign competition have seriously eroded their jobs. Literacy is thus no longer a skill reserved for the upwardly mobile alone; it is a basic requirement for employment in an economy that has come to be dominated by the information and service sectors.

Over more than a century, Illinois has wrestled with basic questions of education, such as whether to make school attendance compulsory for children, and when to begin and terminate formal schooling. Today, we understand enough about early childhood development to know that critical phases of children's cognitive and emotional development occur before the age of six. We know too, that children can be helped to master these developmental tasks so that they are better prepared to confront the challenges of primary school.

7

Provide Daylong Kindergarten and Full Day Pre-School Programs

Daylong kindergarten should be provided to the children of all interested families in Illinois, while full day pre-school programs should be available for all three and four year olds of low income families.

Unless their active minds are adequately stimulated, their need for affection requited, and their social skills sufficiently developed, children lack the discipline and cognitive abilities needed to succeed in the first grade. Once at a disadvantage, it is hard for them to catch up. The Head Start program has shown that a well designed pre-school program can have a significant, positive affect upon young children's development and thus their performance later in school.

8

Ensure Pre-School, Kindergarten Access to Supportive Service Personnel

Pre-school and kindergarten programs should have access to supportive service personnel who are able to offer assistance promptly to children and their families when cognitive social or emotional deficits threaten to significantly impede children's learning experiences.

Detecting a child's difficulties early, and promptly introducing appropriate support are likely to prevent minor problems from becoming permanent handicaps. Supportive service personnel (e.g., psychiatrists, social workers or special education teachers) should be available to train pre-school and kindergarten faculty to identify children

whose behavior suggests that they may be at risk, to guide the faculty in addressing problems that surface within the classroom, and to make appropriate referrals for community services.

9

Place Special Emphasis on Public Schools

Special emphasis should be placed on public schools throughout the State to ensure that each local school is effective and maintains strong community and parental support.

To increase the likelihood that children in Illinois will be well educated, the Illinois Board of Education must carefully establish achievement standards for local school districts. These standards should leave schools sufficient latitude to adopt or design curricula best suited to their unique circumstances. In seeking to strengthen local schools, the Board should bear in mind the following characteristics of effective schools:

- Principals act as educational leaders and exercise significant control over the allocation of resources within the school;
- Teachers have an active responsibility in selecting and designing the curriculum;
- Faculty and administrators emphasize the development of basic skills and critical thinking;
- Time spent by students in learning activities is maximized;
- Faculty regularly monitor students' progress and provide referral for remedial services (if necessary) when children's performance lags behind reasonable expectations;
- The school environment is positive and secure, with the administration enforcing a fair but strict disciplinary policy; and,
- Parents are encouraged to be actively involved with the school.

10

Create Coordinated Citywide Compact

A coordinated citywide compact should be created for Illinois' urban areas involving business and public schools.

High School graduates who have attained an acceptable level of achievement should either be given a guarantee of an entry level position with a local firm or of financial assistance, if necessary, to attend college. This idea is borrowed from The Boston Compact, wherein the public school system has pledged to establish and promote the attainment by its students of academic standards which will adequately prepare them to succeed in the "world of work" or at institutions of higher education. In return, the business community offers strong incentives for students to complete their high school education. The business community has a stake in being able to tap a competent and disciplined labor force, while the public schools have responsibility to graduate young men and women who are either employable or are prepared to continue with their education. The compact is sound because both parties are well served.

Employment

For many if not all adolescents, the ability to settle on an occupational identity constitutes a decisive step towards adulthood. Yet, youth seeking entry to the labor force today are compelled to accommodate to a rapidly evolving marketplace. If they are to prepare themselves well for this transition, young people must have accurate intelligence about the "world of work." For many, this information is not readily available. They may lack access to adults who are themselves employed, or these youngsters may have contact only with adult "job-holders" who lack knowledge of where tomorrow's employment opportunities will lie.

11

Inventory Resources and Studies

Inventory current resources and research studies which are available to assist children and youth through various stages of development which could be critical to future employment capabilities.

Scattered throughout Illinois and about the nation are promising programs which assist youth in making successful transitions: from gang dominated habits to employment based standards; from secondary to primary labor markets; from a neighborhood-based job orientation to a wider career orientation; from inadequate to adequate mastery of learning skills; and, from high school to college. We need to know more about what exists in Illinois to help young people become more "job ready." This knowledge will make it possible to identify gaps in services as well as to determine how best to consolidate existing ones.

12

Augment Libraries as Career Centers

Every school and public library should augment its offerings to serve as a "career center."

We need to create an up-to-date "job-career labor market curriculum" for teachers, school counselors and librarians that can be tailored to various institutional needs, and which will teach youth about the "world of work." Local businesses should be encouraged to assist in the development of these programs through contributions of time, expertise and money.

Involvement In Community

Far more than is either to their advantage or that of society, millions of young people today are unfettered. The institutions which have traditionally conveyed the values of this nation have been weakened. Neither family, school, church nor the court system is able to maintain an effective hold on many of our young people. There has been a contraction of the sphere of authority exercised over youth. The influx of women in the workforce has magnified the problems of supervising school aged children. The substantial increase in single parent households has aggravated this problem. At the same time, opportunities open to youth have expanded. Disposable income is available to fully one-third of all 16 to 19-year-olds holding full or part-time jobs. More than half of all 16- and 17-year-olds hold valid drivers licenses. While it is certainly not true that all teenagers are alienated, it is little wonder that many of our youth are perceived to be adrift.

13

Identify Opportunities for Community Service

Efforts should be made through local high schools, churches and neighborhood organizations to identify opportunities for teenagers to perform community service.

Probably at no other time in their lives do individuals have less contact with adults than as adolescents. Youth are more or less segregated in our society, with limited access to adults who might serve as positive role models and limited ability to engage in constructive activities which contribute to the common good. They are consumers rather than producers.

Young people have the capacity to be productive members of society. Most teenagers want to be part of something, just as they want to feel needed. These predispositions could be harnessed by society to engage young people in community service. That responsibility may well be an effective antidote for alienation, just as it may serve as a counterbalance to a "youth culture" that has no reference other than itself.

Efforts to involve teenagers as volunteers in day care programs for younger children and in home visitor programs for the elderly are already underway. They need to be significantly expanded.

Health Care

Many of our children are failing to thrive because their bodies are damaged and their emotional development has been impaired. Illinois needs a balanced health care system that both helps to ameliorate disease and teaches the practices that promote good health. Physicians would supervise the former, but a broad range of experts and community residents could deal with the latter need. At the present time, these parallel systems are not financed equally. Health oriented programs, which to the extent that they prevent illness may prove to be comparatively cost-effective, are grossly underfunded.

14

Collaborate with Non-Medical Resources

Medical and nursing schools, professional societies, hospitals and HMO's must better familiarize medical professionals with the health maintenance aspects of the health care system in an effort to make physicians and nurses more comfortable about collaborating with non-medical resources in communities. This orientation should be reflected in licensing and certification requirements.

It has been estimated that nationally only 2% of the $400 billion spent annually for medical care is used for health maintenance services. Yet, in the past twenty years, the leading causes of death have changed from infectious diseases to causes which have environmental and life-style antecedents such as cancer, heart disease, injury, and substance abuse. This new roster lends itself more readily to preventive approaches.

15

Help Communities Assess Health Problems

The Illinois Department of Public Health must help community organizations to assess specific health problems in their area and to design and implement appropriate interventions.

Organizations with roots in their communities must be encouraged to see health maintenance as a priority. Lay people and professionals can band together to deal with a range of health issues - from eliminating sources of lead which pollute the bodies of young children to organizing campaigns to encourage pregnant women to seek prenatal care. In each community a lead agency should receive State support to organize a network of local organizations concerned with health issues and should be held accountable for improvements in the health of the residents. The Illinois Department of Public Health should produce manuals to help these organizations assess community health needs and design suitable intervention strategies.

16

Strengthen Housing Codes

Local governments should review, strengthen and enforce compliance with housing codes to ensure that they adequately protect the health and safety of Illinois' children.

Among the leading causes of children's injuries are falls and fires, frequently a direct result of poor building maintenance. Municipalities that aggressively seek to secure the physical environs in which children live can make a significant difference. When New York City initiated a program to install window restraints in apartment buildings, the incidence of children injured by falls was reduced by almost 90%.

17

Support Physicians in Underserved Urban and Rural Communities

The Illinois Department of Public Health, in conjunction with private philanthropy and the State's medical schools, should support the development of a system that encourages primary care physicians to practice in underserved urban and rural communities.

Although there is a surplus of physicians in the U.S., particularly in specialty areas, there is a lack of primary care physicians (e.g., family practitioners and pediatricians) who are willing to serve the poor in their own communities or to practice in rural areas.

We need to test various ways of attracting primary care physicians to underserved communities. Methods may range from offering incentives such as appointment to the faculties of teaching hospitals to enabling poor communities to subsidize physicians who will establish practices within their boundaries.

18

Recruit and Place Minorities in the Health Care Field

Community organizations, particularly those operating in areas with substantial minority populations, should collaborate with local schools, churches, and health care institutions to support the recruitment and placement of minorities in the health care field.

Medically underserved minority communities require competent doctors who are at ease with their patients, who understand their language and cultural heritage.

The recruitment of minority health care professionals might best be accomplished through a two-tiered approach. Representatives of community agencies should team up with minority professionals to "market" the health care field to minorities enrolled in schools from the elementary level through college. Next, professional schools in the health field must strengthen their efforts to recruit minority students and faculty. These professional schools should also assume more responsibility for placing minority graduates in areas of greatest need.

19

Extend Health Insurance Coverage to All Children

The Governor should convene a special task force of insurance carriers, health administrators and other interested parties to explore the feasibility of creating an insurance pool which would extend coverage to children who currently lack it.

20

It is estimated that approximately 10% of the employed residents of Illinois are not covered by health insurance, while somewhere in the range of 20% of the entire population of Chicago is uninsured all or part of the year. Surprisingly, half of all children residing in Chicago who lack health insurance live with a head of household who is insured. Although hospitals are required by law to treat all individuals who are truly emergencies, hospitals may turn away non-emergency cases if uninsured. Low income families with chronically ill children are especially in need of insurance options.

The State must take action to extend health insurance coverage to the children of the working poor. The State should consider subsidizing an insurance pool for this purpose which could be administered by private carriers and marketed by community based groups and organizations.

20

Collect Data on Childhood Morbidity and Mortality

The Illinois Department of Public Health should design and implement a system of health data collection which will provide better information about patterns of childhood morbidity and mortality.

We need more information about the factors that affect childhood morbidity and mortality for two reasons: to ensure that the health care needs of children are adequately served by current programs and to help insurance carriers analyze more accurately the risks associated with various populations. In particular, our ignorance of the health status of the Hispanic community is appalling, and requires immediate attention.

21

Collect Limited Data on Health Services for Individual Children

The Illinois Department of Public Health should design, on an experimental basis, a system of limited health data collection which would enable the Department to monitor the provision of selected health services to children on an individual basis, and permit access to such data by health professionals in a manner which would safeguard the right to privacy of the individuals.

It is not uncommon for poor children to be treated at outpatient facilities or emergency rooms of more than one local hospital as well as at nearby health clinics. Under such circumstances, it is quite possible that a child's complete medical history may be unrecorded, thereby establishing the conditions under which inappropriate treatment may be ordered. The solution might be for the State to maintain accurate records regarding key elements of children's health status, with of course, adequate protection to ensure that this information is not misused.

22

Remove Financial Obstacles for Health Services to the Poor

Given the significant federal and state roles in structuring the Medicaid program, the Governor should appoint a bipartisan committee to study and make recommendations by July, 1988 as to how most effectively to remove the serious financial obstacles limiting the provision of essential health services to the poor.

Families relying on Medicaid often encounter formidable barriers to the provision of adequate care. Because Medicaid reimburses providers at a discounted rate, private physicians are often unwilling to serve these people. In addition, the medically indigent are subject to significant interruptions in the continuity of care. Patients on Medicaid are restricted to hospitals participating in the Illinois Competitive Access and Reimbursement Equity (ICARE) program. Under this program, which began in 1985, hospitals contract with the Illinois Department of Public Aid for a set number of Medicaid reimbursement days annually. If a hospital has exhausted its allotment, Medicaid patients may be refused treatment, transferred to another hospital, or given outpatient services at another facility. Obviously such a system can easily disrupt the continuity of care.

Given the evidence that the parallel Medicare program, which provides more generous coverage to the elderly, has contributed to the steep rise of medical costs, there may not be a straightforward solution to the Medicaid morass. Nonetheless, the Governor must take steps to reduce the financial barriers to obtaining adequate health care for the poor.

23

Expand the Early Periodic Screening, Diagnosis and Treatment Program

The Illinois Department of Public Aid should continue to expand the Early Periodic Screening, Diagnosis and Treatment Program (EPSDT). Further, the Governor should create a separate monitoring entity comprised of professionals and lay citizens to report regularly to the public regarding the progress made toward this end.

The EPSDT program was established by the federal government in the mid 1960's as a companion to Medicaid to provide outreach, physical and developmental assessments, immunizations, dental care and follow up treatment for poor children from birth to 21 years of age. Studies have shown that children who receive EPSDT preventive services exhibit fewer abnormalities at periodic exams than those who have not. Health care costs are lower for children who are enrolled in the EPSDT program than for those who do not participate.

Illinois has not used this program well, even though the federal government reimburses 50% of the administrative costs and fully 75% of the medical services. It has been estimated that only about 200,000 of the State's 625,000 eligible children currently receive EPSDT services. While the Illinois Department of Public Aid has begun to take measures to enroll a greater number of eligible children, the State's efforts should be significantly increased.

24

Ensure Prenatal Care for Pregnant Women at Risk

The Illinois Department of Public Health, in conjunction with local public health agencies and community organizations, must ensure that pregnant women at risk have access to adequate prenatal care and are encouraged through strong outreach efforts to use these services.

Although the overall infant mortality rate in Illinois has steadily declined, the State continues to be ranked by the U.S. Department of Health as one of nine states

experiencing "adverse" trends. In 1983, almost 60% of the neonatal deaths (birth to 28 days) and 41% of the post neonatal death (28 days to one year) in Chicago occurred among infants whose mothers either received no prenatal care, started care in the third trimester or had only one to six prenatal visits during their entire pregnancy.

Prenatal care has been demonstrated to be one of the most important interventions for improving the outcomes of pregnancy. Prenatal care is also cost-effective. The Institute of Medicine calculated that for every $1 spent on prenatal care, $3.38 could be saved in the cost of care for low birthweight infants. Because many of the women who now receive no or inadequate prenatal care are at the highest risk of delivering low birthweight infants, services to these women in particular must go beyond routine office visits. In these instances prenatal care must include home visitations by trained nurses or community workers, who are able to teach parenting skills, and to refer women for appropriate services such as the Special Supplement Food Program for Women, Infants and Children (WIC). The costs of such a program are estimated to be in the range of $550 for clinic-based prenatal care per woman supplemented by just under $70 per woman for home visits.

25

Provide Periodic Well-Child Home Visits

The Illinois Department of Public Health should provide periodic well-child home visits at one month, again at three years and more often if necessary for children at high risk, particularly those children born to teenagers, those living in single parent homes and those who are poor.

Evidence indicates that a significant number of post natal deaths are caused by inadequate nutrition, poor sanitation, substandard housing, or gross neglect. Low income children constitute a disproportionate share of all children with disabilities. One reason is because poor children don't receive regular comprehensive medical evaluations, a situation which leads to the persistence of preventable problems.

Perinatal Centers currently follow-up extremely high risk infants with at least five home visits by public health nurses during the first year of life. In Chicago, the City's Department of Public Health extends these visitations to a limited number of high risk mothers who have not delivered at Perinatal Centers. Nonetheless, it is estimated that in the City of Chicago alone 153 public health nurses are required to meet the need. The City's Department of Public Health retains only 37.

The protocol for home visitations is reasonably well established. The initial visit is utilized to conduct a developmental assessment of the infant which sensitizes parents to their newborn's capabilities and responses. In addition, mothers are counseled about topics such as birth control, parenting skills, child development, safety, and nutrition, while stressing the importance of continued well child check-ups. For those who are eligible, enrollment in the EPSDT and WIC programs is encouraged. The visit at 3 years entails a developmental screening and referral to services such as vision and hearing testing, special education, and Head Start, as well as further counseling on a range of topics about which parents may have questions. The cost for this service is under $70 per visit.

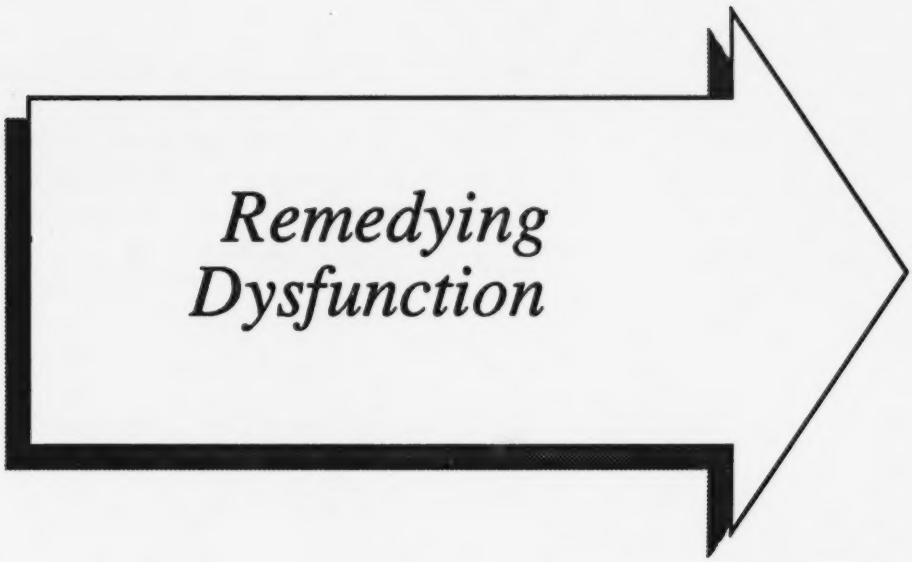
Seek More Funds for the Special Supplemental Food Program

The Illinois Congressional Delegation should seek more funds to support (through cash assistance and the provision of commodities) the Special Supplemental Food Program for Women, Infants and Children (WIC).

Studies have shown that WIC, established in 1972, reduces the incidence of low birthweight, prematurity, childhood morbidity, developmental delays, higher usage of health services, and neonatal mortality. For every $1 invested in the prenatal component of WIC, $3 should be saved in short-term hospital costs.

The WIC program serves approximately 40% of the eligible population in Illinois, which includes pregnant and nursing women, as well as children through age five who are deemed to be at "nutritional" risk. It would require an additional $77.5 million (a bit more than double the current allocation) to increase the proportion served to 75%. Because of the vital role that nutrition plays in growth and development, the WIC program must reach more eligible children in the State. WIC must also create a stronger outreach component to encourage earlier entry of pregnant women, promote education and networking with other services, and focus on follow-up of referrals and monitoring of individual cases.

The Plan of Action for Children



Children's problems are aggravated when their parents are unemployed or under stress, when the love, protection and guidance that children require is unavailable, when institutions fail them, when they lose hope for the future. We see children bearing children, teenage drug addicts and juveniles consigned to detention centers. What we see in effect, are the symptoms of distress, which might have been successfully addressed before the onset of crisis, but which cannot be ignored once crisis is manifest.

Poverty

It is estimated that at least one out of five children in Illinois and one out of three in Chicago live in families with incomes below the national poverty threshold ($10,609 annually for a family of four). Poverty is on the increase in Illinois, with 10.6% of all families falling below the poverty line in 1970 as compared with 16.8% in 1980. While many of these families are headed by a single parent, the poverty rate among two parent families has been rising significantly.

State or local policies alone cannot solve the problem of poverty, but there are things which the State can do to reduce its crippling effects, to enable those parents who can work to do so, and to sustain those who cannot so that they can care for their children.

27

Identify, Develop, and Support Community Programs to Combat Poverty

Identify, develop and support programs to combat poverty which are established and administered by local communities.

While not all poor people live in ghettos, there are communities throughout the State in which the poor are concentrated. Many of these neighborhoods once supported bustling factories and vibrant commercial strips which now lie vacant. Yet neither the buildings nor the people need remain idle. Factories and storefronts can be redesigned for adaptive reuse. Cottage industries can be developed. Welfare subsidies can be restructured to assist those who possess entrepreneurial spirit. Such strategies are likely to succeed if poor people are encouraged to deal with their own problems within their own communities.

28

Cooperate to Create Jobs, Job Training Programs, and Reduce Barriers to Employment

Illinois State and local governments, unions and industry must cooperate to create jobs, support job training programs and reduce the barriers of access to employment for the poor.

For many people who receive public assistance, the remedy for their dependence upon welfare is a job. Yet the solution is not easy. Jobs must be found, skills acquired, transportation arranged, education completed, adjustments made, children cared for. Many persons who have depended for years on the welfare system or who have recently lost their jobs are overwhelmed by the challenge of moving from welfare to work. They need comprehensive programs to help them make the transition.

In late 1985, Illinois took a step in that direction with a significant reform of the State's welfare policy. Project Chance consolidated several existing programs, augmented by a $6 million infusion of State funds. The program promises a "lifetime guarantee" that Illinois will offer comprehensive assistance to any welfare recipient who wants to work. As a relatively new and potentially ambitious effort, Project Chance warrants careful monitoring and support.

29

Tailor Welfare Policies to Circumstances of Beneficiaries

Encourage the establishment of welfare policies which are better tailored to the circumstances of the beneficiaries.

Contrary to common belief, most recipients of welfare have not been indefinitely on the public dole. Rather, there are three major categories of welfare recipients:

- Those who cycle on and off welfare or who have been added to the welfare rolls due to recent unemployment;
- Those who would leave welfare for a job were it not for the fact that their subsequent salaries would not compensate for the loss of welfare benefits, most notably Medicaid and day care stipends; and
- Those for whom welfare is an appropriate source of ongoing support either because they are unable to work, are parents of young children, or are involved in job training programs.

Given the fact that approximately half of all parents receiving support through Aid to Families with Dependent Children (AFDC) have done so for less than two years, policy makers must be more attentive to the large number of recipients who are seasonably or temporarily employed or who confront disincentives to work. The first group, those who cycle on and off welfare, must have assurance that, once temporary work has finished, they can quickly and efficiently reenter the welfare system. The second group, those who wish to leave the welfare system, would benefit from incentives which would allow them to work at low-paying jobs without loss of benefits while they accomplish a transition from welfare to work.

30

Increase the Level of Public Aid Grants

Legislation should be passed by the State to increase the level of public aid grants to more fully fund the Standard of Need established by the State.

The public aid grants Illinois provides fall short of the Standard of Need, defined by the State as the income a family requires to cover basic food, housing and clothing expenses. Currently, an AFDC family of three living in an Illinois metropolitan county receives only 52% of the Standard of Need through a Public Aid grant and even when food stamps and energy assistance provisions are included, the total is still only about 80% of the Standard.

The stability of families is most certainly dependent upon their being able to secure adequate food, shelter and medical services. Consequently, a State policy which denies parents who cannot be expected to work the ability to adequately provide for their children is a policy that threatens the integrity of poor families. Such a policy must be rejected for one which more fully meets the Standard of Need.

31

Enhance Child Support Enforcement

Enhance child support enforcement in Illinois.

While important innovations have recently improved the enforcement of child support orders in Illinois, the failure to fulfill support obligations continues to be a major contributing cause of poverty among single-parent families. In Illinois, one million

children do not receive child support to which they are entitled. Further, two-thirds of all parents ordered to pay support stop paying within six years.

Since January 1984, Illinois has had an income withholding law through which child support may be collected from noncustodial parents without having to hire a lawyer or repeatedly seek relief in court. Any custodial parent who obtains an income withholding order can begin receiving payments from the noncustodial parent's employer after one month's support is unpaid. If the custodial parent is on welfare, however, she must assign her child support rights to the State.

While these arrangements are an improvement over prior policies, they constitute "patchwork" reform. Consideration must be given to mandatory automatic cost of living increases for support payments as well as the automatic assessment of interest and penalties for nonpayment of support.

A more comprehensive program exists in Wisconsin which has established (a) a simple formula to determine the amount of the child support award, (b) the State as the collector and disburser of support payments, and (c) an assured benefit, in which all children who have an absent parent will be entitled to the child support paid by the absent parent or to a publicly guaranteed child support benefit, whichever is larger. Adaptation of these policies by Illinois might result in a streamlined, more efficient means of collecting and distributing payments. We need an overall appraisal of the effectiveness of the child support system in Illinois and an examination of how the implementation of recent legislative changes has improved the collection of support payments.

Abuse and Neglect

In 1984, there were 67,000 reports of abuse and neglect in Illinois, which is roughly equivalent to the national average, per capita. Of these reports, 46% were substantiated by an initial investigation of which approximately 72% involved neglect and 29% abuse. Overwhelmingly, the perpetrators of both abuse and neglect were parents, relatives of the children, or other household members. Day care staff, institutional staff and foster parents combined accounted for less than 1% of all indicated reports.

When a family becomes seriously dysfunctional to the point at which a child's health and safety is threatened, the State is obligated to protect the child. The extent of intervention by the State varies from case to case and can range from the provision of homemaker services to placing the child in an adoptive home. Between these interventions lie a continuum of child welfare and substitute care services. Since 1975, 13,000 to 14,000 children have been placed in substitute care each year in Illinois.

32

Make Intensive Intervention Services Available to Families in Crisis

Intensive intervention services should be made available to families in crisis to minimize out-of-home placement.

Illinois should adopt an intensive home-based crisis intervention program to work with families whose children are in immediate risk of being placed outside the home. The program should be capable of intervention within twenty-four hours of referral, seven days a week, by sending a worker to the family's home.

Short term therapy should teach life and parenting skills, develop support networks, link the family with community resources, and address the basic needs of the family. Similar programs have been remarkably successful in preventing out-of-home placements. The estimated cost of this service is about $2,600 per case, which compares with expenditures in the range of $2,800 to $7,200 a year to maintain a child in foster care.

33

Appropriately Treat Abused and Neglected Children

All children who are victims of abuse and neglect should receive appropriate treatment.

All too frequently, only the perpetrators of abuse and neglect are treated while the victims are ignored. Abused and neglected children must be evaluated and helped.

34

Make Special Treatment Available for Adolescent Sexual Abusers

Specialized treatment programs should be made available Statewide for adolescents who are found to be sexual abusers.

Approximately 58% of all adults who sexually abuse children began the practice when they were adolescents. Though early intervention may prevent future abuse, there are currently no programs in Illinois designed to treat the specific problems of teenage offenders.

35

Assign Six Judges to Cook County Juvenile Court

A total of six judges should be assigned to the Dependency and Neglect Calendar of the Cook County Juvenile Court.

The Juvenile Court Act requires that children remain in temporary care no longer than 120 days prior to the completion of an adjudicatory hearing during which a judge rules on allegations of abuse or neglect as well as whether a child shall become a ward of the State. A recently concluded study found that in a one year period spanning 1984 and 1985 no Illinois Court monitored met the four month requirement. Cook County showed the longest delay with a mean of 14.4 months. At present there are more than 3,700 children placed in temporary care in Cook County alone whose cases should have been adjudicated.

Adding two judges to the Cook County Dependency and Neglect Calendar for a total of six could significantly reduce that backlog. This could be accomplished at little or no additional cost by transferring judges from less burdened assignments.

36

Stagger Dependency and Neglect Calls

Dependency and Neglect Court calls should be staggered.

Court calls in larger counties should be staggered at intervals of several hours to reduce long waiting times for participants.

37

Increase Tenure of Juvenile Court Officials

The tenure of Juvenile Court officials should be increased.

The high turnover rate of state's attorneys and public defenders assigned to the Cook County Juvenile Court deprives the Court of an experienced cadre of professionals and contributes to adjudicatory delays. Both the State's Attorney and the Public Defender's offices should establish a policy of assigning attorneys to the Juvenile Court for a minimum of two years.

38

Strengthen and Mandate Training for Juvenile Court Professionals

Training for Juvenile Court Judges, State's Attorneys, Public Defenders and Guardians Ad Litems should be strengthened and mandated.

Judges or other legal professionals assigned to the Juvenile Court should be given formal training in federal and State laws which apply to juveniles, including the

provisions of the federal Adoption Assistance and Child Welfare Act of 1980. Continuing education programs should also be periodically required of these officials. Illinois already has limited experience with operating good training programs. Within the past year, staff of the National Council of Juvenile Court Judges held a training conference for more than 130 people in the State at the low cost of approximately $75,000.

39

Establish CASA in All Jurisdictions

The Court Appointed Special Advocate program (CASA) should be established in all jurisdictions within the State.

Cook County's CASA program uses Court-appointed volunteers to follow children through the "system" until their placement in a permanent home is resolved. The volunteers serve as children's advocates, gathering facts and seeking options, monitoring compliance with Court orders and notifying the Court of changes in children's circumstance.

Ultimately, each county should be liable for the cost of administrating the program and training the volunteers.

40

Limit Number of Continuances

The number of continuances authorized by the Juvenile Court should be limited.

The process of adjudicating allegations of abuse and neglect as well as determining guardianship is inherently one of continuances during which investigations are conducted, services offered and evaluations rendered. Necessarily these continuances translate into delays in resolving the permanent placement status of affected children. Nonetheless, the following measures should be taken to ensure that continuances are given only when warranted by the best interests of children and their families:

- Reports of services rendered to the family and child should be inserted into the official Court records.
- Under current legislation, the Guardian Ad Litem (GAL) has the option of requesting adjudicatory hearings prior to 120 days, however this option is rarely exercised. Absent specified circumstances, GAL's should be required by law to request a hearing prior to the 120 day limit.
- More and better training programs on the Juvenile Court should be offered to Department of Children and Family Services and private agency personnel.
- Families who are ineligible for the services of a public defender, and who are otherwise unable to obtain legal counsel, can be represented by a Court appointed attorney paid by the County. Creating an office within the Court staffed by only a few full time County attorneys to whom these unserved families could be assigned would help avert delays. Since this arrangement would merely consolidate existing services, there would be little or no additional cost to the County.

41

Enhance Court/ DCFS/ Service Provider Communication

Communication between the Juvenile Court, the Department of Children and Family Services and other service providers should be enhanced.

Periodic forums should be provided outside the Juvenile Court at which all relevant participants could discuss issues and resolve problems involved in the effective operation of the Court. These forums routinely should include judges, state's attorneys, guardians ad litems, public defenders, probation officers, and Department of Children and Family Service caseworkers and occasionally involve private attorneys, child welfare agency personnel, natural and foster parents, and children in substitute care. The Presiding Judge of the Juvenile Court should convene these forums.

42

Reassess Information Tracking and Planning Systems

Either the Task Force currently convened by the Governor or a successor should: (a) reassess the computerized systems that track Illinois children in substitute care; (b) formulate a uniform policy regarding the precise nature of information maintained by the State monitoring the status of children in substitute care, which would clarify under what circumstances and with whom this information could be shared; (c) define the respective roles of the public and private sectors in the field of substitute care; and (d) design mechanisms to facilitate cooperative service planning involving the public and private sectors.

The present service delivery system, in which the Department of Children and Family Services and the private sector offer overlapping and parallel services, is inherently ambiguous. This system should be redesigned to build upon the strengths of both the public and private sectors. In so doing, the opportunity should not be lost to improve upon the information systems currently in place. The Department of Children and Family Services now employs three different computerized tracking systems which contain a wealth of data which cannot yet be readily accessed by appropriate personnel within the Department, the Juvenile Court and private service agencies.

43

Recruit New Foster Care Providers

Increased efforts must be made to recruit new foster care providers.

At present, Illinois has registered about 11,000 foster homes - a stark contrast with the 27,000 homes certified in 1973. The State is suffering from a severe shortage of foster homes. This situation must be remedied promptly with special consideration given to the recruitment of minority providers so that minority children can be assigned placements that more closely mirror their natural homes. The Department of Children and Family Services is already committed to take such action under the terms of the Burgos consent decree.

44

Enhance Cooperative Relationships Between Foster and Biological Families

The structure of the foster care service system should be modified to enhance the development of cooperative relationships between foster and biological families.

Foster service in Illinois does not actively encourage teamwork among foster and biological families in situations where reuniting the child and the biological family is a reasonable objective. This policy should be revised so that the foster family functions as an extension of the biological family rather than as a substitute. Both families should form a therapeutic partnership, focused on safely returning the child to its real home. This partnership would enable the foster family to share their training and skills with the biological family.

Implementing this policy would require that both child welfare professionals and foster families receive training. The State of Massachusetts has already developed such a program which apparently demands only small increases in expenditures for foster care.

45

Make A Continuum of Foster Care Services Available Statewide

A continuum of foster care services should be made available throughout the State.

The needs of foster children vary substantially. In recent years more children have been entering the substitute care system suffering serious disabilities including physical handicaps and emotional disturbances. In response, the Department of Children and Family Services has established categories of foster care ranging from "regular" to "specialized" to "mentor" homes which are progressively capable of dealing with more demanding children.

The mentor program is presently being tested in Cook County and is serving youth who in the past would have been placed in institutional settings. While mentor families receive approximately $600 per month for each child in placement, which is about twice that paid to a regular foster family, the cost is substantially less than that for institutional care.

46

Continue Support to Reunitied Families

Once children who have been placed in foster care are reunited with their families of origin, both the children and the families should remain eligible to receive supportive services.

In Illinois, one third of all children who are placed in foster care and are returned to their families of origin re-enter the substitute care system. The failure rate might be less were families given more support during the initial period in which parents and children are reunited. Presently, a number of private agencies offer services to reconstituted families, though the Department of Children and Family Services does not pay for these services. Consequently these services are not available uniformly throughout the State.

47

Revise Zoning Laws for Easier Siting of Foster Homes

Zoning laws and regulations should be revised to place fewer restrictions on siting facilities for group foster homes.

Some children must be placed in institutional settings. Yet Illinois does not maintain enough group homes to accommodate them. Zoning laws which fail to specifically recognize group homes are partly to blame. An organization endeavoring to establish a group home must first seek a zoning variance which can be contested by neighbors who feel threatened. Both Minnesota and Michigan have solved this problem by creating model zoning codes requiring cities to recognize any dwelling of six individuals or less as a family dwelling within the framework of single or multifamily units.

48

Extend Follow-Up Services to Adoptive Families

Extended follow-up services should be made available to adoptive families through their children's adolescence.

Illinois law currently requires that a public or private agency which has arranged an adoption must visit the adoptive family on three occasions following the placement. These visits are rarely used to provide extended counseling or support services to families who may be coping with discomforting problems.

Families adopting an infant are often in need of information concerning child care and development, particularly if they are first time parents. These families often encounter problems in parent-child bonding since the biological and physiological preparatory mechanisms found in pregnancy are not present in an adoption situation. Adoptive families are not likely to have established the social support networks that women form during pregnancy.

Families adopting adolescents face some very different and equally challenging problems. Since these children are older, many of them have experienced either years of institutional care or multiple placements with foster families. In addition, the children often carry scars from their biological families. As a result, many of these adolescents have problems with establishing identities, integrating their histories, and establishing trusting and intimate relationships. Anger towards their biological families may also add to the fear of rejection. If adoptive families are not prepared to deal with these challenges additional problems may develop, which may in turn provoke family disintegration.

49

Reinstate Reverse Referral

The practice of reverse referral should be reinstated.

In the present system, only children who are wards of the Department of Children and Family Services are eligible for adoption subsidies. Children who have been voluntarily relinquished by their birth parents to private agencies for adoption are ineligible, since they are not under the Department's guardianship.

Children who at birth appear to be healthy but who later develop problems that would qualify them for adoption assistance are not eligible if they are wards of private agencies. Previously, these children could have been referred by private agencies to the Department of Children and Family Services (reverse referral), thereby qualifying them

for assistance. If the practice of reverse referral were reinstated this problem would be eliminated.

50

Consider Length of Child's Wait in Determining Eligibility for Adoption Assistance

The length of time a child is waiting for adoption should be considered in the determination of eligibility for adoption assistance.

Presently, adoption assistance is only available to children who have one of these characteristics:

- An irreparable handicap;
- A correctable handicap that requires surgery or extensive medical care;
- Are over three years old and have some type of handicap or belong to a racial minority;
- Are part of a sibling group in which at least one of the children fulfills any of the above requirements; or
- Are six years of age or older.

Assistance should be extended to children who spend an inordinate length of time awaiting adoption.

51

Determine Eligibility for Adoption Assistance Earlier

The determination of a child's eligibility for adoption assistance should be made at the time the child is available for adoption.

Presently, an adoptive family can not apply for adoption assistance until just before the adoption has been finalized. This discourages families who might adopt a special needs child if they knew that the subsidy would be available. The revised practice would not cause the Department of Children and Family Services to incur additional costs.

52

Permit Families to Reapply for Adoption Assistance

Families who have been denied adoption assistance should be permitted to reapply if warranted by the circumstances.

Currently a family can only apply for adoption assistance once, and if the child is determined to be ineligible he or she may not be considered for assistance in the future. This poses difficulties when children who at the time of adoption appear to be healthy develop problems later. If the problems are linked to a preexisting condition, most private insurance plans will not provide coverage. Thus, were the child able to be reconsidered for adoption assistance when a preadoptive, handicapping condition is discovered, families would be protected from the potential burden of significant medical expenses.

53

Assess Children for Whom Independent Living is the Goal

Children in substitute care for whom independent living rather than adoption is the most suitable goal should be assessed to determine their level of educational and life skills attainment. This assessment should be initiated well before discharge from guardianship and should be ongoing. Once problem areas are identified, appropriate services should be arranged.

Some adolescents who are living in foster care will never be adopted. For these youngsters the most suitable goal is to prepare them to live independently. A special program should be designed by the Department of Children and Family Services for this purpose. Further, foster parents who have responsibility for older adolescents should receive training to enable them to help their charges gain independence.

54

Pair Community "Mentors" With Adolescents

Community "mentors" should be paired with adolescents in substitute care who are being prepared to live independently.

Newly emancipated teenagers who have been in foster care are likely to weather the storms of independence if they have a network of social support. A more experienced and better connected community resident who is willing to become involved with a youth discharged from foster care would significantly ease the youth's transition to independent living.

Homeless Youth

The Governor's Task Force on Homeless Youth has established that there are more than 21,000 young people in Illinois aged 20 years and under who cannot be reunited with their parents and who lack both housing and the requisite skills to support themselves. The problem is spread throughout the State and includes teenagers of all racial, ethnic and socioeconomic backgrounds. A significant number of these young people are already wards of the State.

Young people take to the street for many reasons. Some seek freedom while others see themselves as throwaways, unwanted by their parents. There is considerable evidence that some teenagers are leaving their homes to escape pathological conditions such as incest or other forms of abuse.

Because homeless youth confront such dangers as assault, sexual victimization, chemical dependency, malnutrition and exposure, they have a broad range of needs but a limited range of service options. Youths eighteen and over are in an even greater quandary because they have aged out of the substitute care system but are ineligible to receive adult services.

55

Eliminate Categorical Restrictions for Shelter

Categorical restrictions for shelter should be eliminated.

Many of the limited emergency shelter beds for youth are restricted to specific categories, e.g., sexually abused youngsters who are cooperating with the State's Attorney. These rigid eligibility requirements bar homeless children who do not fit the specific categories and should be eliminated.

56

Develop Licensing Regulations for Shelters

Develop licensing regulations for emergency shelters.

The Department of Children and Family Services requires that emergency shelter facilities for youth meet the same licensing requirements as are used for long term care. These stringent requirements are impractical and unnecessary for emergency shelter. To facilitate the provision of emergency shelter for youth, specific licensing regulations for these shelters should be developed.

57

Proof of Independence Should Not be Required

Homeless youth 17 years of age and older applying for public assistance should not be required to furnish proof of independence. However, as a condition of receiving assistance they should be required to consult with a counselor who will monitor their progress toward independence and offer referral services as appropriate.

Presently 17-year-olds who apply for General Assistance or Aid to Families with Dependent Children must furnish proof of independence, which is not required of individuals over the age of 21. Since proof of independence is usually verified by means of a rent receipt, many homeless youth are ineligible for assistance. Though requiring proof of independence is not mandated by the Department of Public Aid, it is apparently common practice for the Department's caseworkers to do so. This practice should be discontinued.

58

Increase Number of Shelter Beds for Youth

The number of emergency shelter beds available for youth should be increased.

In Chicago, where there are an estimated 4,000 homeless youth, there are only 31 emergency shelter beds. The number of available beds must be increased to a level more commensurate with need.

59

Expand Transitional Living Programs

Transitional living programs should be expanded.

For older adolescents who should not be returned to their families of origin, the transition to independent living requires more than a safe, temporary haven. These teenagers must develop a range of life skills through employment, educational and health services offered by transitional living programs.

60

Create Alternatives to Underground Employment

Alternatives to underground employment must be created for homeless youth.

It has been estimated that 75% of runaway youth who are at large for two weeks begin supporting themselves by theft, drugs, prostitution, and/or pornography because they lack the skills needed to obtain legitimate employment. Programs that assist homeless youth in developing healthy skills are vital to their well-being.

61

Extend Alternative Education Programs

Alternative education programs should be extended to the homeless youth population.

A homeless youth without a high school diploma probably won't make the transition to independent living. Recognizing the long term deleterious consequences of abandoning these young people, New York has developed a model program which brings the classroom to welfare hotels and other sites where "emancipated" youth congregate. Illinois should establish a similar program.

62

Increase Outreach Efforts

Outreach efforts should be increased to extend services to homeless youth.

Homeless youth will not generally come into a social service agency or police station to ask for help, nor do many of them realize that alternatives to street life exist. It is therefore crucial for agencies that provide youth services to reach prospective clients in their own environment. In Cook County there are less than five outreach workers and one drop-in center devoted to this population. The number of workers and drop-in centers must be increased.

63

Preserve and Develop SRO's

The State government should take steps to facilitate the preservation and development (through conversion or new construction) of Single Room Occupancy units (SRO's).

SRO housing can provide a long term alternative to street life for young people who cannot afford more traditional shelter.

64

Remedy Obstacles to Medical Services

The obstacles to the provision of necessary medical services to homeless youth must be explored and remedied.

Too young to legally consent to medical services, and unable to secure parental approval, homeless teenagers frequently go without medical attention. Some means must be found to ensure that homeless youth have access to appropriate medical treatment.

Mental Illness

It is estimated that between 12% and 15% of all children and youth in this nation suffer emotional problems that require therapy. A more seriously disturbed group, approximately 1% to 2% of the population, are plagued by impairments that substantially interfere with normal functioning.

We lack accurate data about the dimensions of the mentally ill population in part because the topic is subject to a fair amount of ambiguity. Various therapeutic models and taxonomies vie for dominance in a field which is not mature. Even within the framework of one discipline, it is not unusual for competent professionals to disagree on a diagnosis.

Children who suffer emotional handicaps often have attendant problems which may be either derivative of a primary emotional disorder or the cause of the emotional dysfunction. Not surprisingly, mentally ill children surface in numerous ways. Some come directly to the attention of mental health professionals. Others are so disruptive in school that concerned and/or disgruntled teachers refer them for services. Others emerge in the Juvenile Court or the Department of Corrections, while yet another group are identified through the child welfare system. Each of these systems might view identical pathological conditions from different perspectives. More than one system may have responsibility for treatment. Sadly, none may notice the quietly emotionally disturbed youth, those who are seriously depressed but are not unruly.

Yet another reason why seriously emotionally disturbed children are ignored is that they are very expensive to serve. Hospitals or residential placement for these children can amass extraordinary bills. An adequate complement of community based services may be only marginally less costly.

65

Strengthen the Office of Children and Adolescents

The Illinois Department of Mental Health and Development Disabilities should strengthen the Office of Children and Adolescents in order to better monitor and serve the needs of this population.

The Institute of Juvenile Research was created within the Department of Mental Health and Developmental Disabilities, with its purpose being to provide, monitor and assess services to children and youth. More recently, an Office of Children and Adolescents was established by legislation within the Institute to focus the Department's responsibilities to serve mentally ill children. To date this mandate has not been met.

Support Assessment of Mental Health Services Continuum

Private philanthropy should give high priority to assessing the needs of Illinois' children and youth for an adequate continuum of mental health services.

Illinois lacks a comprehensive system of care that identifies mentally ill children in a timely fashion and mobilizes the delivery of appropriate services. We need to assess the capability of the patchwork system that is in place to determine how public and private resources can most effectively be put to use.

Substance Abuse

Adolescence is a prolonged period of limit-testing as young people seek to create their identities. Experimentation with cigarettes, alcohol and drugs is common. Substance abuse goes beyond experimentation, however. The Illinois Department of Alcohol and Substance Abuse estimates that 300,000 children ages 10-17 throughout the State have problems with alcohol and drugs "extensive enough to interfere with social, economic, or legal behavior." The consequences are staggering. Nationally, it has been estimated that the cost to society of drug and alcohol abuse is in the range of $175 billion.

67

Enhance Alcohol and Drug Treatment Facilities

State-supported facilities specializing in the treatment of alcohol and drug abuse by teenagers must be enhanced.

Statewide, there are only 150 publicly funded residential beds for adolescent substance abusers, of which 23 are located within the City of Chicago. In the 27 southernmost Illinois counties, with a total population of about a half million, there is only one 40 bed residential program for adolescents with a capacity to serve approximately 70 teenagers annually. The State's support of outpatient substance abuse services for adolescents is considerably below need. Illinois must direct substantial resources to address this serious social problem.

68

Train Key Individuals

Key individuals who come into contact with young people must be trained to identify and respond appropriately to adolescents who are having problems with alcohol and substance abuse.

Counselors, teachers, police and clergy should learn about effective strategies for preventing substance abuse and making appropriate referrals for service.

Counselors who work with teenage substance abusers should be trained in the use of developmentally suitable treatment techniques. A uniform set of standards should be designed for substance abuse counselors to ensure that all certified professionals operate from a common base of knowledge.

69

Include Reimbursment for Coordinating Services in Grants

Grants issued by the Illinois Department of Alcoholism and Substance Abuse to private agencies must include reimbursement for the expenses of coordinating services within a comprehensive delivery system.

Youth who initially obtain treatment for substance abuse problems through private providers frequently exhaust their coverage before treatment has been concluded, later being transferred to publicly supported programs without adequate communication between the two facilities. Services readily are duplicated. The State's funding formula for substance abuse programs must be revised to offer financial incentives to recipient agencies for coordinating services.

School Dropouts

In the City of Chicago almost half of the youth who entered public high schools in 1980 dropped out before graduation. Of the 18,500 students who did graduate only a third could read at or above grade level, while about an equal number graduated with reading achievement scores below junior high level. The problem exists throughout the State.

While these figures do not constitute a drastic change from the last century, the ability of dropouts and poorly prepared graduates to prosper in a post-industrial society is questionable. The cost to society of Chicago's high school students who dropped out in 1982, calculated in terms of foregone taxes, payment of income assistance as well as the expense of incarceration (80% of the inmates in our jails are school dropouts) is estimated to be $2.5 billion over their lifetimes.

70

Develop Early Warning Systems in Primary and Secondary Schools

An early warning intervention system should be developed to enable elementary and secondary schools to identify and provide assistance to children at risk of dropping out of school.

Factors which can surface as early as the fourth grade are reliable indicators of the risk of future dropouts. They include: students who are compelled to repeat a primary school grade and who thereby are over age when entering high school; students reading below grade level in the sixth grade; students whose parents are unemployed and who have little or no access to information about the labor market. Once children are identified as fitting a profile for potential dropout, the school system should deploy appropriate resources - including alternative curricula, smaller classes, after school remedial programs, counseling networks and better truant officer liaison - to keep these students on track.

Unemployment

The labor market continues to change and rapidly so. That adds to the defeat of poor children. While three of four new job openings in Chicago are in the service and information sectors, nine of ten unemployed youth are qualified only for traditional entry level work such as laborer or clerk. This situation is consistent with the finding that an appalling number of youth are functionally illiterate.

The statistics on illiteracy point to a growing disparity between the labor force participation rates of white and minority youth. Nationally, 13% of all white 17-year-olds compared with 44% of black youth and 56% of hispanic youth are functionally illiterate. Not surprisingly, the labor force participation of white youth is higher than their minority counterparts. In 1984 more than half of all white males ages 16 to 19 were employed, while only 14% of black youth of the same age had found jobs, a racial gap that has been growing for decades.

Unless there is a substantial commitment to reverse this trend, the consequences in terms of the diminished capacity of youth to engage in productive activity, the growing disparity in the well being of white and minority youth, and the overall loss of productive capacity in the economy will be staggering. Youth ill equipped to compete for legitimate jobs will be drawn to the illicit underground economy.

71

Strengthen School to Work Transition Programs

To deter at risk youth from dropping out of school, strengthen school to work transition programs.

Absent the hope of a job at the end of the line, young people performing poorly in school have little incentive to continue with their education. One means of retaining some of these youth in school, and thereby enhancing their future earning potential, would be to reward their determination by the offer of summer employment and/or part time jobs during the school year. Such a program would be further strengthened by the integration of an educational program at the job site as well as a career development component at school.

72

Increase Federal Support to Employment Training Programs

The Illinois Congressional Delegation should seek to increase federal support for employment training programs designed to transition youth into private sector jobs.

The Mayor's Office of Employment and Training (MET) estimates that it serves between three and five percent of Chicago's unemployed population. While MET and its counterparts throughout the State have always been limited in their ability to assist the

unemployed, this capacity has been seriously eroded during the past several years as a direct result of federal cutbacks. This development comes in the face of a dramatic increase in Chicago's minority youth unemployment which stood at approximately 37% in 1975 but which had risen to more than 62% by 1985.

73

Establish Youth Conservation Corps

Support the establishment of the Youth Conservation Corps throughout Illinois.

While the ultimate goal of youth employment programs should be to train young people for placement in the private sector, this may be in the short term an unrealistic expectation for those who do not have basic skills or access to private sector jobs. For at least some of these youth, a publicly financed job, directed toward tangible community improvement (e.g. landscaping parks or neighborhood cleanup campaigns) could provide invaluable work experience as well as benefit to the community. As the name suggests, this program borrows form the popular and much acclaimed Civilian Conservation Corps of the 1930's.

74

Target Severely Disadvantaged Youth

Target a more substantial portion of available government funding for job training of the most severely disadvantaged youth.

Federal guidelines require that 40% of the Job Training Partnership Act (JTPA) slots be reserved for youth. Notwithstanding this requirement, during 1984-85 the State of Illinois filled just slightly over two-thirds of this allotment.

Even were the State to satisfy fully the 40% JTPA youth set aside guideline, it is by no means clear that the most severely disadvantaged youth, e.g., school dropouts with little or no prior work experience, would benefit. JTPA's adherence to "performance based contracts," which are of relatively short duration and which direct emphasis on job placement, encourages "creaming." Applicants who are strong candidates to obtain employment are moved through brief training programs and then released to the job market. Youth requiring more prolonged skills training, including those who may be functionally illiterate, are simply not of high priority.

A substantial body of research indicates that employment training programs which combine work experience with basic education and job skills training can have a dramatic impact upon the learning potential of disadvantaged youth. However to do so requires a considerable allocation of resources, distributed over a more substantial period of time utilizing more flexible performance criteria than JTPA will generally allow.

75

Effectively Coordinate Comprehensive Employment Strategy

Structure the Administration of the Job Training Partnership Act (JTPA) to coordinate more effectively numerous programs which should be elements of a comprehensive strategy to remedy youth unemployment.

Unemployment is a multidimensional problem that requires multidimensional solutions. The inadequate resources which have been allocated under JTPA for remedial education could be augmented by the far more substantial resources of local boards of education which, after all, are responsible for basic instruction. A similar argument could be made for tapping the resources of the Chicago area city colleges and their counterparts around the State. Unemployed youths' needs of day care (for their children) and counseling for themselves might be made available through community agencies which draw from different pots of public dollars. All of these programs could be more effectively targeted and far better coordinated.

Teenage Pregnancy

Today the typical teen becomes sexually active at age sixteen, while one out of every five fifteen-year-old females and one out of three similarly aged males have engaged in sex. Adolescent pregnancy is a widespread and serious problem. In 1983, 24,348 children were born to teens in Illinois, representing 13.6% of all births. Approximately three quarters of these teenagers resided in the State's most populated areas, though fully 29% of all births in rural counties were to teenagers.

These figures regarding the percent of births to teenagers do not represent a significant departure from past practice. If anything, the fertility rate among adolescents (except among the very young) has been declining. What is different is that teenage mothers now are far less likely to marry and that adolescent parenthood makes it difficult, if not impossible, to achieve economic independence. Thus, much of the financial cost of teen pregnancy is born by the welfare system. Nationally, the cost of teen pregnancy in 1985 in terms of direct public expenditures (welfare, Medicaid, and food stamps) was $16.5 billion. In Illinois, 23,000 children born to teens in 1985 cost the taxpayers $853 million for welfare and supportive services during the children's first five years of life alone.

76

Encourage Dialogue Among Teens, Parents and Citizens

Encourage dialogue among teens, parents and interested citizens in group settings aimed at educating about adolescent development and sexuality.

In church basements, school auditoriums and community centers, teenagers and their peers, parents and other interested adults should be able to talk together about adolescent sexual development. Such conversations can prove vital in enabling teenagers to appreciate the consequences of becoming sexually active as well as to better understand their own values. They might also provide a support network upon which teenagers reluctant to engage in sex, may rely when pressured to do so.

77

Extend School-Based Health Clinics

Extend the establishment of school-based health clinics into locations throughout the State where there are concentrations of teenagers at risk, with the range of services offered to be determined by community preference. In the same circumstance, offer GED certification, vocational training and job placement services for pregnant teens and adolescent parents.

Many disadvantaged teenagers have limited access to health care which could be remedied by the establishment of school based health clinics offering a comprehensive array of services. These services are best delivered by an interdisciplinary team of

professionals who can administer athletic team physicals, perform dental and vision screening, offer routine medical services, provide counseling and offer prenatal care. Within the framework of a consenting community and only with parental approval, the clinics might dispense contraceptives.

The role of these clinics is to maintain the health of students who might otherwise lack access to primary medical care and social services, to assist teenagers to avoid pregnancies, and to ensure that pregnant teenagers and adolescent mothers will receive appropriate medical attention for themselves and their offspring. The cost of establishing these clinics is not inconsequential. Several programs which recently opened in Chicago are operating on budgets of approximately $250,000 each.

While strenuous efforts should be made to prevent adolescent pregnancies, once pregnant an impoverished teenager will require significant support if she is to remain in school and thereby improve the chances of becoming a productive adult. These young women may require day care services for their infants, vocational counseling and training, and, if they cannot be persuaded to continue their high school education in a traditional classroom, they must be assisted to enroll in a G.E.D. certification program. Teen mothers and fathers require an array of services commensurate with their specific needs.

Juvenile Justice

Illinois' juvenile justice system, created at the turn of the century, was structured to protect and rehabilitate youthful offenders rather than simply punish them. Today, however a disproportionate number of property and violent offenses are committed by juveniles under the age of 18, while violent juvenile crimes are concentrated among poor, minority males. These findings fuel the concerns of a public that is increasingly fearful for its safety and thereby more inclined to get tough with criminals. This attitude appears to be reflected in the substantial increase in incarceration of serious juvenile offenders, particularly in Cook County, as well as in legislation which has removed entire classes of young offenders from the Juvenile Court to the adult criminal courts.

What is disquieting about this trend is that we are dealing more punitively with adolescent offenders at a time when the juvenile crime rate is declining. The explanation for this decline is that adolescents constitute a smaller element of our population than in years past when the "baby-boomers" were growing up. Having fewer youth, we also have less crime. While we cannot attribute the significant decrease in the adolescent crime rate to the introduction of remedial services, neither can it be argued that jailing young offenders constitutes a responsible public policy. We need better alternatives.

78

Strengthen Community Intervention Programs

Strengthen community based programs which are capable of intervening early in young offenders "careers" before they are led to commit more serious crimes.

The State of Illinois has developed a mechanism to support community organizations that deliver a range of services to youth and their families including crisis intervention, short term foster care, and outreach programs. These services are designed to divert youth from further involvement with the formal juvenile justice system. The State orchestrates this effort through the Comprehensive Community Based Youth Services initiative of the Department of Children and Family Services. However, in FY 1986, DCFS allocated only $6.13 million to this program which constitutes only 2.7% of the Department's budget. This sum is inadequate to meet the needs of Illinois' communities.

79

Establish Local Accountability Boards

Establish local accountability boards in communities throughout the State which would be authorized to review cases of first-time juvenile offenders and to require offenders to participate in community service projects as a means of restitution.

Most offenses committed by youth are property crimes. To the extent young offenders just beginning to run afoul of the law are manifesting signs of estrangement from

society, the opportunity to engage in a constructive community activity may serve not only to compensate both the victim and the community for an offense but to strengthen the tie of the juvenile to the community. State law provides for the creation of such "accountability boards" but they have yet to be established.

80

Provide Reasonable Alternatives to Incarceration

Strengthen the provision of services which can provide reasonable alternatives to incarceration for youth adjudicated delinquent.

In the early 1970's, a major effort was spearheaded by the federal government to de-institutionalize the juvenile justice system. It was thought that as juvenile offenders penetrated further into the system they would be subjected to influences that would promote the development of anti-social behavior and attitudes. Instead, the preferred disposition for delinquent juveniles, who were not thought to pose a serious threat to the public safety, was to secure remedial services in their own communities. In conformance with this prevailing philosophy, commitments made to the Illinois Department of Corrections dropped significantly in the mid 1970's.

This trend was reversed in the early 1980's, apparently prompted by a change in philosophy rather than an increase in the juvenile crime rate. Yet, a get tough attitude with respect to juvenile offenders is not only unwarranted in terms of current knowledge of juvenile delinquency, it is also an expensive policy. In fiscal year 1984, the average cost of maintaining a juvenile in a correction facility was just under $24,000 annually. This compares with a client cost of approximately $4,000 to operate an "Intensive Probation Supervision Program" which has recently been introduced on a pilot basis in the Cook County Juvenile Court, or a cost of about $6,000 to serve youth in their communities through the State's Unified Delinquency Intervention Service (UDIS).

81

Strengthen Rehabilitation Services for Serious Delinquents

For juveniles adjudicated delinquent who may pose a serious threat to the public safety and who therefore should be incarcerated, the State Department of Corrections should strengthen the rehabilitation services provided through its institutional facilities.

It makes no sense to give up on delinquent youth if only because they will cost society dearly should they continue their careers of crime. Yet this is precisely what the Department of Corrections seems to have done by denying many incarcerated youth access to adequate health, mental health and educational services. Furthermore, the Department has increasingly been transferring its juvenile population to larger institutions, essentially abandoning a multi-tiered system which can be more flexible in responding to the needs of a variety of delinquent youth.

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Finally, listed below are the names of many of the individuals who were interviewed either by the Task Force or the staff. The Task Force was deeply gratified by the cooperation we received from virtually every quarter. While those who lent us their counsel are obviously not responsible for the statements made in this report, we wish to express our profound appreciation for the many wise and thoughtful men and women who gave so generously of their time.

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